Skill Builder: Sheet Metal Bucket Evaluation Sheet

Your Name:	What are you building?	
Date:	Start Time: Instructor:	
Please feel free to mark confusing or inadequat	k or write on your set of instructions and turn them in with your evaluation. Note re steps.	any
	E you begin the skill builder.	
never heard of or see	experience with Hand Tools (tin snips, flat bar)? <i>Circle one</i> In heard of or seen but never used used once or twice used frequent	lv
never heard or or see	in theata of of seen but flever asea asea office of twice asea frequent	ıy
What is your previous on never heard of or see	experience with the technology (sheet metal bucket) you are building? <i>Circle one</i> on the heard of or seen but never used used once or twice own one	2
•	s type of device or something of similar construction? Y / N / Not Sure here:	
Looking at the material	Is list please list all materials you have not used:	
Fill this section out onl	y AFTER completing the skill Builder Exercise	
Does your constructed	tool work? Circle one	
,	we did not complete the skill builder	
	we finished and it doesn't work	
	we finished and it works	
If you did not complete	e the skill builder or it didn't work, please explain why:	
Will you use the compl	eted device? Y / N / Maybe	
What skills did you lear	rn today?	
Do you feel you could t	reach this to someone else? Y / N / Maybe	
What would you use th	nese skills to do in the future?	
What new design or bu	isiness ideas do you have now that you have done this skill builder?	
What part(s) of the act	ivity did you enjoy?	
What part(s) of the act	ivity did you NOT enjoy?	

When were the instructions most clear and why?		
When were the <i>instructions</i> least clear and why?		
When were the <i>instructor</i> 's directions most clear and why?		
When were the <i>instructor</i> 's directions least clear and why?		
Please write in any clarifications or edits that you think would have been helpful for the instructions:		
Any additional input:		
End Time:		